

CLAIMS ONLY

Application Number	Filing Date
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Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3						
4						
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8	1		1			
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50						
Total Indep	2		2			
Total Depend	7		13			
Total Claims	9		15			

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						